

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MA</i>	<i>7054</i>	<i>8/5</i>
O.I.P.E. CLASSIFIER		<i>48</i>	<i>8/14/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>71471</i>	<i>9/14</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>6/12/01</i>
2	<i>6/12/01</i>
3	<i>6/12/01</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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